



COVID-19

Primary care quick reference guide

A summary of information for community healthcare providers involved in assessing and managing undifferentiated respiratory illness and queries regarding COVID-19 risk and need for testing (including general practice, community pharmacy, Hauora Maori and urgent care providers).

See also: [Case definition and clinical testing guidelines for COVID-19](#)

Updated 2 September 2021

Latest changes: videos for safe use of P2/N95 particulate respirators, testing advice, updated exemption for essential healthcare workers to the Section 70, mask wearing and exemptions for people with disabilities.

Clinical criteria and HIS criteria

The Clinical and Higher Index of Suspicion (HIS) criteria support health professionals to identify those with a higher risk of having COVID-19.

Clinical criteria

Symptoms that are consistent with COVID-19 infection are any acute respiratory infection with at least one of the following symptoms (with or without fever):

- fever (at least 38°C)
- new or worsening cough
- sore throat
- shortness of breath
- sneezing or runny nose
- temporary loss of smell or altered sense of taste
- less common symptoms may include diarrhoea, headache, muscle aches, nausea, vomiting, or confusion/irritability.

Consider COVID-19 infection if there is no more likely diagnosis.

Higher Index of Suspicion (HIS) criteria

People who meet the HIS criteria are those who have, in the 14 days prior to symptom onset:

- travelled internationally (excluding travel by air from a country/area with which New Zealand has quarantine-free travel (QFT)*),
- had direct contact with a person who has travelled internationally in the preceding 14 days (excluding travel by air from a QFT country/area). e.g. Customs and Immigration staff, staff at quarantine/isolation facilities,
- exited an MIQ facility (excluding recovered COVID-19 cases),
- worked on an international aircraft or shipping vessel (excluding aircraft from a QFT country/area),
- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals (excluding areas/conveniences for travellers by air from a QFT country/area),
- worked in cold storage areas of facilities that receive imported chilled and frozen goods directly from an international airport or maritime port, or
- travelled from an area with an evolving COVID-19 community outbreak (including in New Zealand and in any country/area with which New Zealand has QFT), or
- any other criteria requested by the local Medical Officer of Health.

*a list of QFT countries/areas can be found on the [Unite Against COVID-19](#) website. QFT only refers to travel by air at this point.

See: Case Definition and Clinical testing Guidelines

Contact risk assessment

For detailed information and contact categories see [Contact Tracing](#).

Direct anyone with concerns regarding their contact risk to Healthline 0800 358 5453 to register and for up-to-date advice.

Reassure those with concerns that [contact tracing teams](#) will get in touch with people at risk of having significant contact. They will advise contacts about their [category and specific need for self-isolation and testing](#).

Direct people who are concerned about possible exposure to a positive case of COVID-19 to up-to-date information from Ministry of Health. Including information on locations of interest:

- [locations of interest in New Zealand](#)
- [quarantine free travel locations of interest](#)

Testing

Symptomatic people

Covid vaccination status of the person and their household members, and quarantine -free travel arrangements do not change the need or decision to test for SARS-COV2.

- At all Alert levels, everyone including children and elderly, should be offered and provided testing free of charge if they have new onset of symptoms consistent with COVID-19 infection. This also applies to those who have received any vaccine within the last 48 hours and have developed one or more of these symptoms:
 - loss of sense of smell or altered taste
 - new onset sore throat, cough, sneezing or runny nose, shortness of breath
 - generalised muscle aches worsening over time
 - fever of 38 °C or above.

Specific advice for children

At Alert levels 2, 3 and 4: all symptomatic children should be recommended to be tested for SARS-COV-2.

Always consider swabbing and empiric treatment for GAS, and consideration of alternative diagnosis (e.g. measles, meningococcal disease) in communities which are disproportionately affected, such as Māori and Pacific island children and young people.

At Alert level 1: children under the age of 12 years with symptoms consistent with COVID-19 can be excused from testing. However, they should be tested if they meet any of the following:

- they are required under a Border Order or Section 70 notice*.
- they are contacts of confirmed COVID-19 case
- they meet the HIS criteria.
- their parents request this
- there is no other obvious diagnosis and a test is warranted under clinical judgement
- it is recommended by the Medical Officer of Health.

Asymptomatic people

At all Alert levels, everyone (including children and elderly) needs to be tested for SARS COV2, regardless of lack of symptoms, if they are:

- Close or casual plus contact of a confirmed case.
- Under a Border order or Section 70 notice
- Recommended to by the Medical Officer of Health

*Unless provided with an exemption by the Medical Officer of Health or qualified health practitioner
For detailed updated advice check latest [testing guidance](#)

Taking swabs

If on-site swab testing is not possible or practicable then refer patient to local testing facilities. Details can be found on [Healthpoint](#).

A nasopharyngeal swab (NPS) placed into a viral transport media (VTM) is the preferred specimen

If the person is frail or unable to tolerate a nasopharyngeal swab, then offer to take both an oropharyngeal and a bilateral anterior nasal swab instead (oropharyngeal specimens should not be taken on their own for COVID-19 as they are unlikely to collect an adequate amount of virus).

Take a further oropharyngeal swab and consider treating people with sore throat who are at risk of rheumatic fever empirically with antibiotics.

Infection prevention and control

Apply infection prevention and control (IPC) principles considering these risks:

- symptoms of acute respiratory illness
- the level of local community transmission of COVID-19 or outbreak
- the presence of HIS criteria
- whether they are a contact of a confirmed (or probable) COVID-19 case
- the ability to keep physically distanced and degree of ventilation during assessment.

Triage patients

Screen for HIS criteria, contact status and clinical symptoms before the person enters the healthcare facility.

Stream the patient flow

- create separate streams according to risk.
- consider separating waiting zones and staff involved in the assessment of all symptomatic people.

Prepare waiting room and clinical spaces

- where possible use well ventilated spaces where people can maintain a physical distance for waiting, testing and clinical assessment
- provide hand sanitiser and display posters for how to clean hands
- display posters on cough and sneeze etiquette
- provide tissues and waste bin for disposal
- remove any soft materials i.e. toys or magazines, brochures
- clean the clinical room between patients with symptoms consistent with COVID-19. See Ministry of Health website for [detailed cleaning instructions](#)

Patient hygiene

Encourage patients to use:

- cough etiquette
- hand hygiene
- physical distancing
- a medical mask throughout the assessment (if they can tolerate it).

Staff precautions

Apply [Standard Precautions](#) at all times, alongside normal clinical hygiene practices and

- maintain physical distance
- perform clinical assessment in a well-ventilated space
- see [PPE use in health care](#) for further details including donning and doffing instructions.

Personal protective equipment

Request all symptomatic patients to wear a medical mask for source control whilst you are seeing them.

At alert level 4, follow the [Alert Level 4 risk assessment for the correct level of PPE](#)

[https://www.health.govt.nz/system/files/documents/pages/hp7716 -
health and disability risk assessment screen v6.pdf](https://www.health.govt.nz/system/files/documents/pages/hp7716-_health_and_disability_risk_assessment_screen_v6.pdf)

PPE use needs to be guided by risk, by considering the:

- symptomatic status
- contact status/location of interest status
- HIS Criteria
- ability to maintain safe physical distancing

At Alert Levels 1 and 2:

Personal protective equipment (PPE) requirements for close interactions, such as undertaking a nasopharyngeal swab

- mask*
- eye protection (prescriptive glasses are not classed as eye protection)

At Alert Levels 3 and 4 follow the:

[Alert Level 4: Health and Disability Sector Risk Assessment for interactions with people of Unknown COVID 19 Status](#)

Personal protective equipment (PPE) requirements for close interactions, such as undertaking a nasopharyngeal swab

- mask*
- eye protection (prescriptive glasses are not classed as eye protection)
- gloves
- long sleeve fluid resistant gown or apron

*masks

A medical/procedure mask (with Level 2/Type IIR 120mmHg minimum) is enough protection for some circumstances. Protection with a P2/N95 respirator mask is recommended in situations of increased risk.

Recommended situations for P2/N95 respirator use				
WHO	Health professionals who have been fit-tested and trained in seal/fit-checking			
INTERACTION	Clinical assessment or swabbing when clinical symptoms consistent with COVID19 (including less common)			
RISK LEVEL INDICATORS	Evolving community outbreak as defined by Medical Officer of Health (MOoH)	Contact of confirmed or probable case of COVID-19	Alert level 3 or 4	Patient meets HIS criteria

Use of P2/N95 particulate respirators:

The required standard for any healthcare worker who needs to wear a P2/N95 particulate respirator is for them to pass the fit testing process. However, in this rapidly evolving situation, not all staff may have been fit tested at this point. As a minimum, healthcare workers should self-fit check their P2/N95 particulate respirator each and every time they need to don (put on) this type of mask.

Independent fit testers are available via: <https://nzohs.org.nz/commit2fit/>

How to perform a fit check (also called user-seal check)

1. Place the P2/N95 particulate respirator on your face.
2. Place the headband or ties over your head and at the base of your neck.
3. Compress the particulate respirator to ensure a seal across your face, cheeks and the bridge of your nose.

4. Check the positive pressure seal of the respirator by gently exhaling. If air escapes, the respirator needs to be adjusted.
5. Check the negative pressure seal of the respirator by gently inhaling. If the respirator is not drawn in towards your face, or air leaks around the face seal, readjust the respirator and repeat process, or check for defects in the respirator.
6. Always refer to the manufacturer's instructions for fit checking of individual brands and types of P2/N95 respirators.
7. If you are unable to achieve a good facial seal do not proceed with the activity. Possible reasons include:
 - the respirator has not been put on properly e.g. headbands are incorrectly positioned, hair or earrings are caught in the seal
 - the respirator is the incorrect size or type for your face
 - facial hair* (including a 1–2-day beard growth can interfere with an adequate seal).
If you cannot achieve a good facial seal after working through the possible reasons listed, speak to your team leader. An alternative style or size of respirator may need to be sourced.
8. To prevent failure of the respirator, once you have the respirator in the correct place and have achieved a good seal, do not touch the front of the mask or re-adjust it.

Videos and Posters:

How to don and fit check - Always refer to the manufacturer's guidelines.

- [3M 1860 Cup Style - wear it right poster \(PDF\)](#)
- [3M 1860 Cup Style - tips for use \(MP4\)](#)

- [3M1860s Cup Style - wear it right poster \(PDF\)](#)
- [3M1860s Cup Style - tips for use \(MP4\)](#)

- [3M1870+ Flat Fold - wear it right poster \(PDF\)](#)
- [3M1870+ Flat Fold - tips for use \(MP4\)](#)

- [3M 9320A+ Flat Fold - wear it right \(PDF\)](#)

- [3M 9210 Flat Fold - wear it right \(PDF\)](#)
- [3M 9210 Flat Fold - tips for use \(MP4\)](#)

- [M 8210 Cup Style - wear it right \(PDF\)](#)
- [M 8210 Cup Style - tips for use \(MP4\)](#)

- [Drager Xplore 1720 Foldable Style - donning the mask poster \(PDF\)](#)

- [Filtering Facepiece Respirators - tips for use \(PDF\)](#)

This is not an endorsement of any brand or make or model of P2/N95 particulate respirator.

Further information on the different masks and how to use safely see: [The role of face masks and particulate respirators in health and disability settings](#)

Notification and isolation advice

Notification

Notification* to local Medical Officer of Health (MOoH) is essential for people who meet the HIS criteria, With the exception of those who only meet the criteria of being in a region of an emerging outbreak)

People who are close contacts of a confirmed (or probable) case will usually be contacted by the contract tracing team. If this has yet to happen and there are any concerns, they should phone Healthline and follow their advice.

* For local notification process see your local HealthPathways COVID-19 Requests and Local Processes page.

Isolation

Isolation advice for those who have been tested:

1. Those who meet the HIS criteria or are categorised as a close contact:
Need to [self-isolate](#) (at home, in a managed isolation facility or other suitable accommodation as determined by MOoH) until they are cleared by a Public Health Unit.
2. Household members of the person who has been at a location of interest, or has been categorised as a close contact:
 - Need to **stay at home** until the close contact has received a negative day 5 test result.
 - The household members can exercise so long as they maintain physical distancing and other restrictions relating to exercise or recreation, (they cannot visit the supermarket or any other essential service).
 - There is an exemption to allow earlier return to work for some people

Section 70 exemption for people who provide essential health services or managed isolation quarantine services

This exemption enables people who provide essential health services or managed isolation or quarantine services, who are a household member of a close contact, to return to work earlier than day 5 **as long as ALL these conditions are met:**

- They are not a close contact of the covid case themselves.
- The worker is fully vaccinated with Pfizer/BionTech COVID19 vaccine.
- The close contact has had a negative swab post the "exposure event"
- All in the household are well (with no symptoms consistent with COVID19 infection).

Read the **Section 70 notice of 20 August 2021**

3. For everyone else:
 - advise all symptomatic people (including those who have been fully vaccinated*) to [stay at home](#) until their test result is negative and until 24 hours after their symptoms have abated.
 - encourage everyone to continue using the [Contract Tracer App](#) even after their negative test result.
 - provide supportive information for people in their own language. See [Unite Against COVID 19-Translations](#). Also, Vaka Tautua is a free call service: 0800 652 353 (Samoan, Tongan, Cook Island, Māori, English) www.vakatautua.co.nz

Staying at home when symptomatic will reduce spread of all acute infectious respiratory illnesses and significantly reduce the burden on the health system. See: [Protecting Yourself and Others](#).

Results

If a result is

- **positive**, the local Public Health Unit will inform people directly and provide advice about isolation and contact management.
- **negative**, primary care is responsible for informing patients and providing advice according to local protocols.

Clinical care

The responsibility for the clinical care of people undergoing investigation for COVID-19 and those with confirmed COVID-19 who are not in a Managed Isolation Facility, rests with their general practice team. Closely monitor the severity of their illness, their comorbid conditions and clinical state.

See your local HealthPathway COVID-19 Care Pathways for more information about clinical care. Most people can be managed at their home or residential facility (or in managed isolation).

Red flags for urgent clinical review and potential hospital admission

- Respiratory distress
- Shortness of breath (including new onset of shortness of breath on exertion)
- Haemoptysis
- Altered mental state
- Clinical signs of shock, eg, low blood pressure, fainting
- Unable to mobilise without assistance by carers
- Unable to safely provide self-care
- No alternate carers available
- Any other reason that may require hospital admission as assessed by the treating healthcare professional.

Discuss patients that have red flags with the on-call medical team and arrange urgent transfer to hospital. Liaise with ambulance service and admitting team to ensure infection prevention measures are in place for a safe transit and admission to hospital.

Mandatory mask wearing

See **Masks and face Coverings** for advice for specific Alert levels.

Maintaining a 2 m physical distance and wearing a face covering (ideally a reusable or disposable mask) is encouraged whenever anybody leaves their home.

People who have disabilities which make mask wearing unsafe or uncomfortable can apply for an exemption card through the Disabled Persons Assembly NZ:

www.dpa.org.nz

Phone: 04 801 9100

Email: info@dpa.org.nz